

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

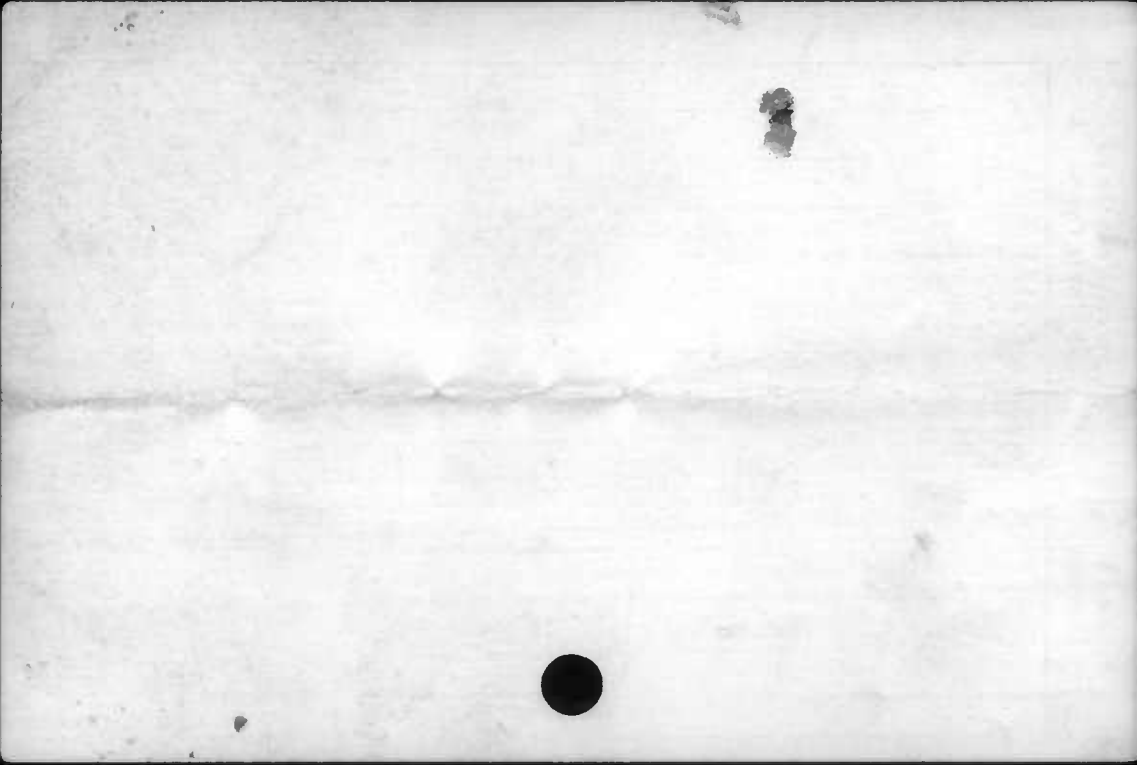
Name in Full <i>Sarah W. Adams</i>		Town <i>Bivalve</i>		County <i>Wicomico</i>		MARYLAND					
Died at		Month <i>Nov</i>		Day <i>5</i>		Years <i>48</i>		Months <i>5</i>		Days <i>6</i>	
Date of death <i>1909</i>		Age <i>48</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bivalve</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>J. W. Adams</i>		Father's Name <i>William H. Corman</i>		Father's Birthplace <i>White Haven</i>	
Mother's Maiden Name <i>Mary A. Livingston</i>		Mother's Birthplace <i>Deals Island</i>		Name of person giving Information <i>Roy M. Corman</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Compensatory</i>		How long <i>Since onset</i>	
Immediate <i>Heart Failure</i>		How long <i>1 hour</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Cattan M.D.</i>	
		Address <i>White Haven Wicomico Md.</i>	
Accident or Suicide			



Name
in
Full

Raymond Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>McComie's</u> <small>County</small>		MARYLAND	
Date of death 1909 <u>Nov.</u> <small>Month</small>		<u>22</u> <small>Day</small>	Age <u>23</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>16</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Princess Anne, Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Princess Anne, Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Blake</u>				
Father's Name <u>John Blake</u>	Father's Birthplace <u>McComie Co, Md</u>				
Mother's Maiden Name <u>Mantia Shumons</u>	Mother's Birthplace <u>McComie Co, Md</u>				
Name of person giving Information <u>John Blake</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gun. shot wound of intestines</u>	How long <u>few moments</u>
Immediate <u>General peritonitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. H. H.</u>
	Address <u>Salisbury, Md</u>
Accident or Suicida <u>✓</u> <u>(over)</u>	

166

Jan. 12, 1910: The court has not yet decided whether shooting was accidental or homicidal; both claims have been set up.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *H. Byrd Brown* Town *Sehman* County *Delaware* MARYLAND

Died at *Sehman* Date of death 190 *9* Month *Oct* Day *13* Age *3* Years *8* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *Sehman*

Occupation *Infant* Where Residing if not at place of death *Sehman*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Raymond Brown* Father's Birthplace *Ind*

Mother's Maiden Name *Louis Philips* Mother's Birthplace *Ind*

Name of person giving Information *Louis Brown* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *By accident the child drank concentrated lye* How long *12 days*

Immediate *Convulsions* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James Brayshaw*

Address *Sehman Delaware*

Accident *✓*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Melvin E. Brown</i>		County <i>Wicomico</i>		MAYLAND	
Died at <i>Near Salisbury</i>		Town <i>Salisbury</i>		Days <i>16</i>	
Date of death <i>1909 Nov</i>		Month <i>22</i>		Years <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Wicomico co</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Ernest E. Brown</i>		Father's Birthplace <i>Wicomico co</i>			
Mother's Meiden Name <i>Adah W. Hearn</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Ernest E. Brown</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Acute Bronchitis</i>	How long <i>7 days</i>
Immediate <i>Suffocation</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Neomi M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Lillie May Ballins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Nov ^{Day} 3 Age 1 ^{Years} 3 ^{Months} ^{Days}

Sex Female Color or Race white Birth-place MD

Occupation Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Larry J. Collins

Father's
Birthplace

Del

Mother's
Maiden Name

Calura LeBute

Mother's
Birthplace

Del

Name of person giving
Information

Larry J. Collins

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Aller. C. C. C.

How long

2 months

Immediate

Tuberculosis

How long

gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

L. J. Collins
Salisbury
MD.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

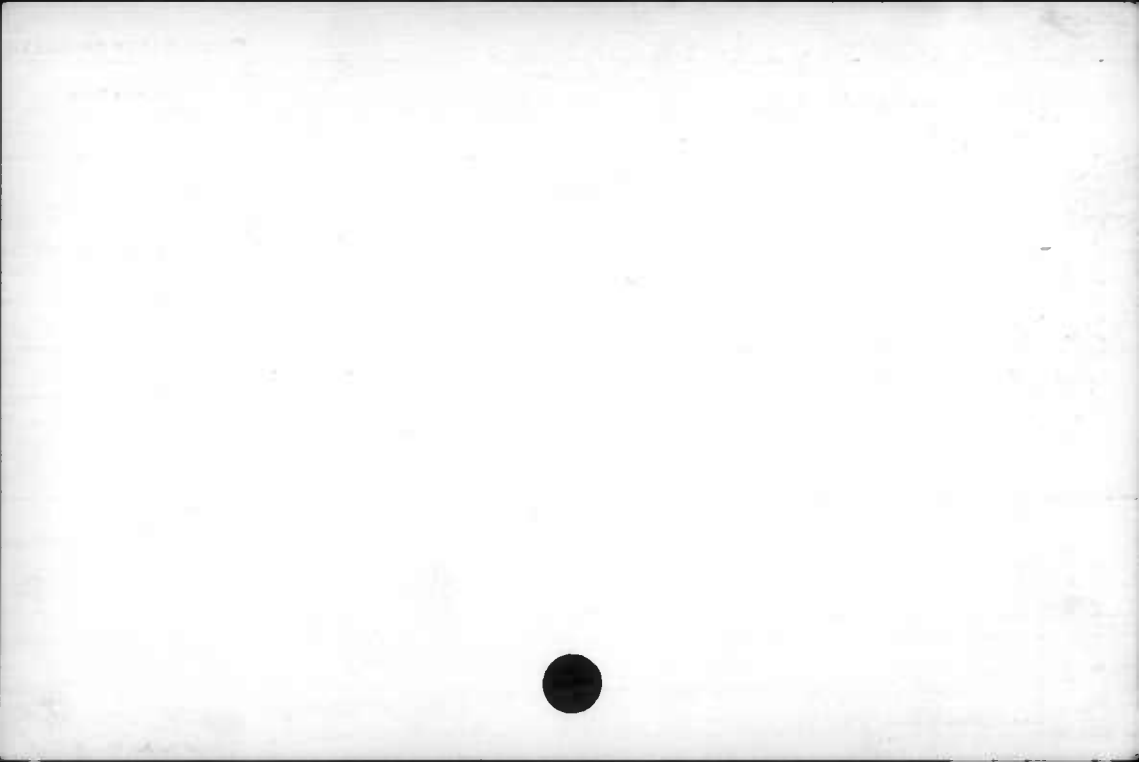
Name <i>Elijah W. Cornine</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Delmar</i>		Month <i>11</i>		Day <i>26</i>		Years <i>62</i>	
Date of death <i>1909</i>		Month <i>11</i>		Day <i>26</i>		Age <i>62</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Delaware</i>		Month <i>11</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Delmar</i>		Month <i>11</i>		Days <i>18</i>	
Married, Single <i>Married</i>		Name of Wife or Husband <i>Surety Cornine</i>		Fether's Birthplace <i>Delaware</i>		Mother's Birthplace <i>Delaware</i>	
Father's Name <i>William Cornine</i>		Mother's Maiden Name <i>Mary Collins</i>		How related to deceased <i>Wife</i>		Name of person giving Information <i>Surety Cornine</i>	

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <i>Heart Failure</i>	How long <i>178</i>
Immediate <i>Full dead</i>	How long
Are the name, age, sex, color, date end place correctly given above?	Signature of Physician <i>N.B. Stephens</i>
	Address <i>Delmar Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Helen Goslee*

Died at *Salisbury* Town *Wicomico* County *MARYLAND*

Date of death 190 *9* Month *Nov* Day *20* Age *6* Years Months *10* Days

Sex *Female* Color or Race *Black* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

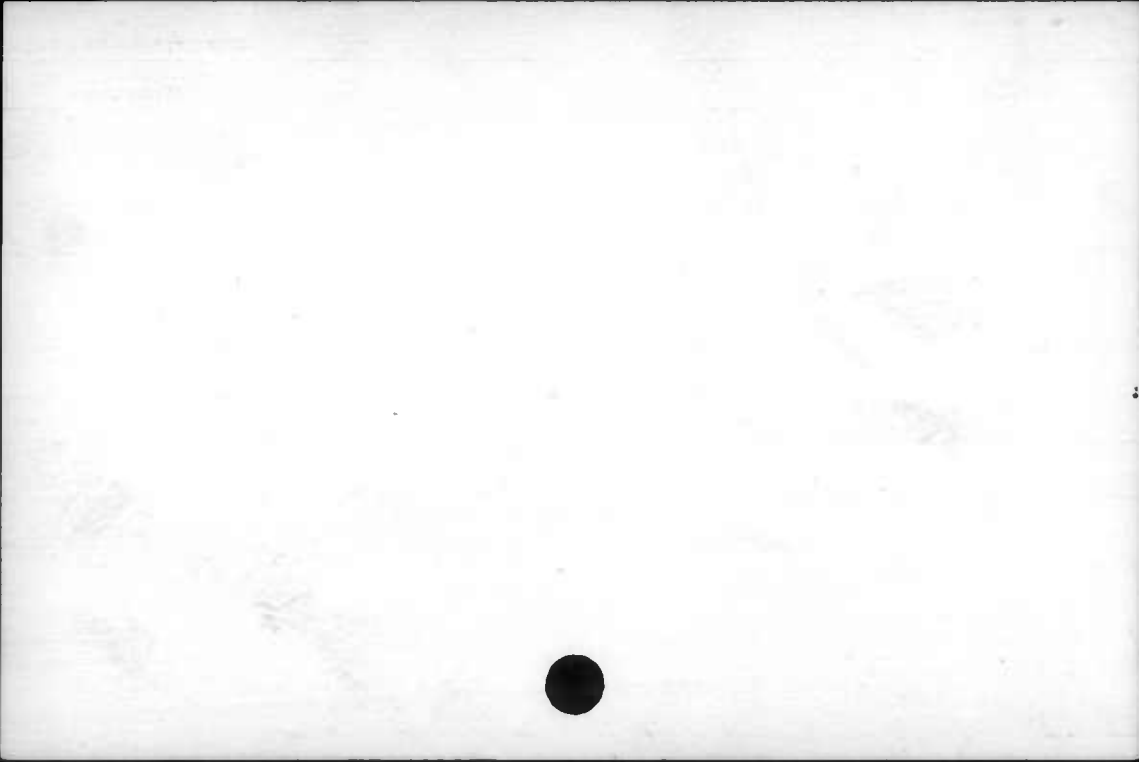
Address

Accident or Suicide _____

36

How long

How long



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Handy

Town

County

MARYLAND

Died at

Tugaskie

Wicomico

Date

of death

1909

Month

Nov.

Day

1

Age

Years

68

Months

1

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Merchant

Where Residing If not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Francis Deshield Handy

Father's
Name

George Handy

Father's
Birthplace

Maryland

Mother's
Maiden Name

Susan Deshield

Mother's
Birthplace

"

Name of person giving
Information

John E. Handy

How related
to deceased

Son.

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary

Paralysis of Bladder; retention of urine

How long

1 week

Immediate

Uremic Coma

How long

36 hours

Are the name, age, sex, color, data
and place correctly given above?

yes?

Signature of
Physician

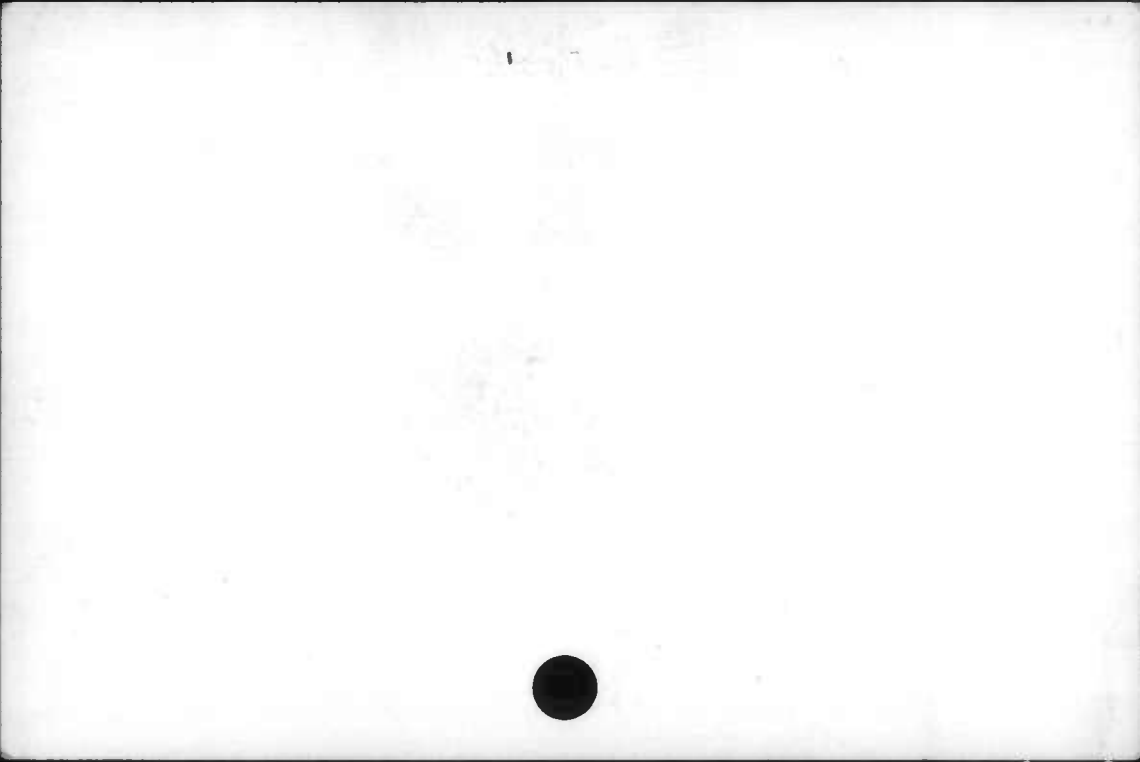
Address

Edward E. Lamkin

DR. EDWARD E. LAMKIN,

NANTICOKE, MD.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

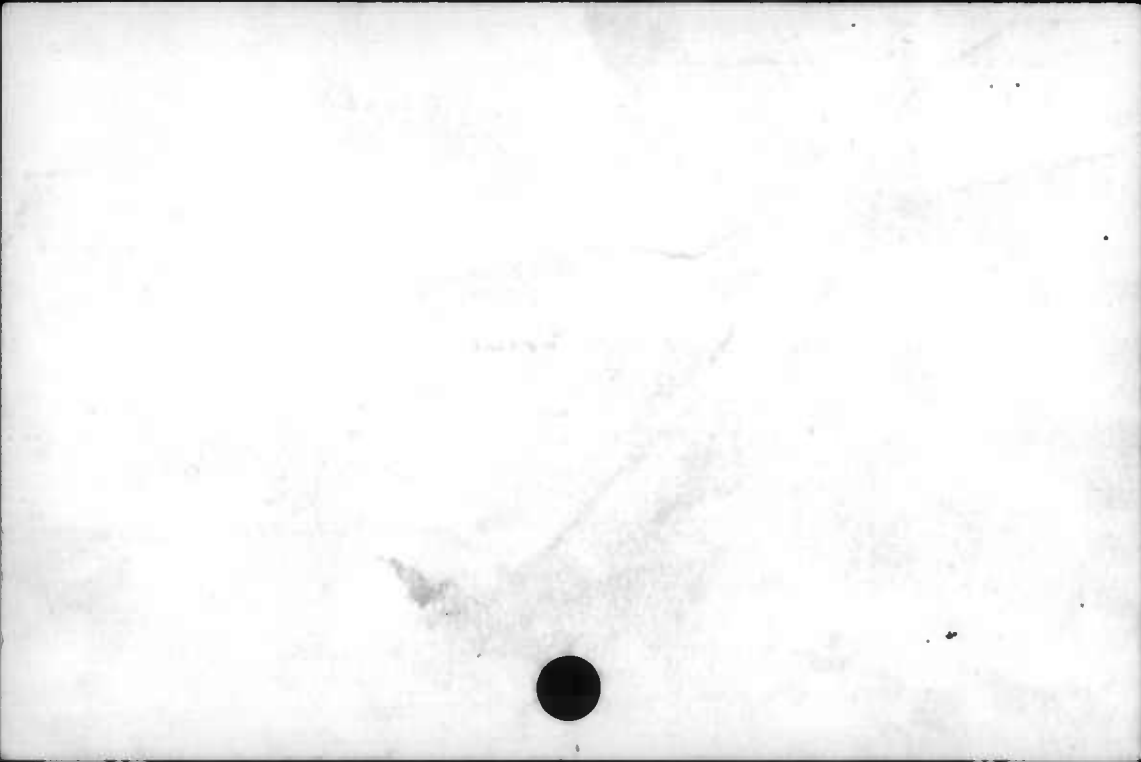
Name *James Hyland* County *Wilcombs* MARYLAND
Died at *Salisbury* Town
Date of death 190 *9* Month *11* Day *7* Age *14* Years Months Days
Sex *Boy* Color or Race *Caucasian* Birth-place *Dames Quarter*
Occupation *General work* Where Residing if not at place of death *N. Division St*
Married, Single or Widowed *No* Name of Wife or Husband *no*
Father's Name *Samuel H Hyland* Father's Birthplace *Dames Quarter*
Mother's Maiden Name *Mellmanana Hyland* Mother's Birthplace *Dames Quarter*
Name of person giving Information *J. W. White* How related to deceased *Cousin*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *1 Year*
Immediate *Tuberculosis* How long
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. D. Votta*
Address *Salisbury Md.*
Accident or Suicide *(J. H. Hunt)*



Name
in
Full

Lucy J. Larimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

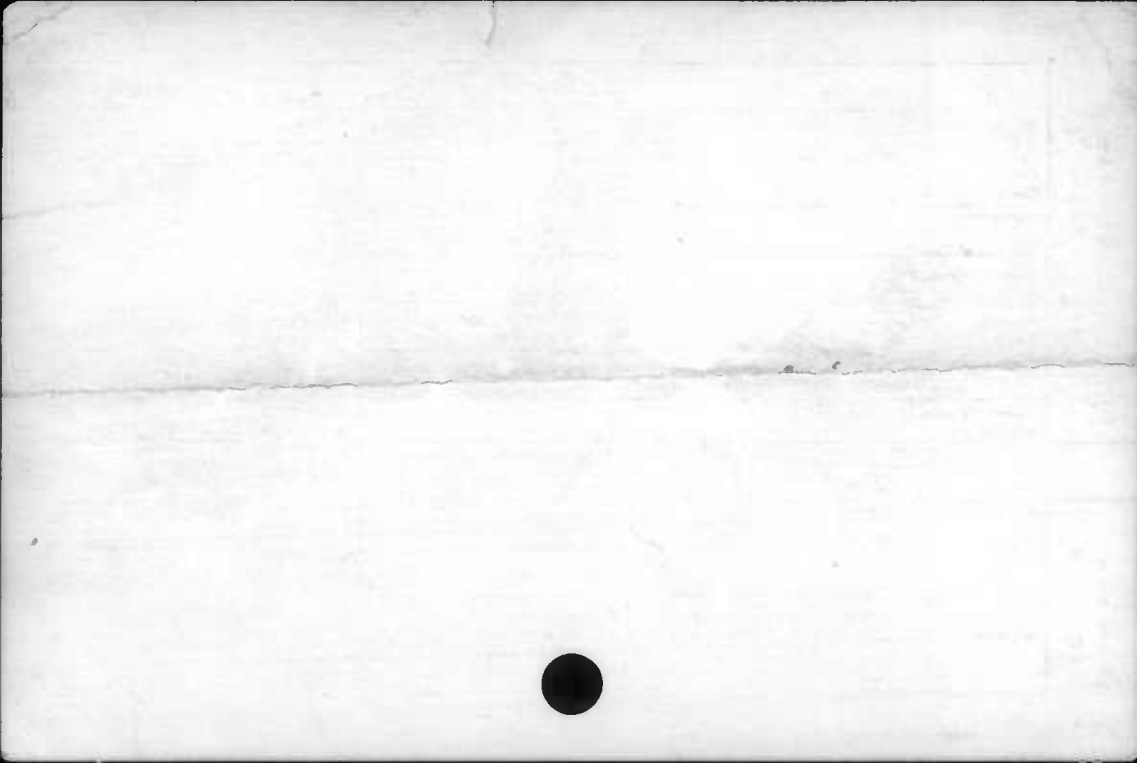
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Nov	15	18			
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housekeeper			Where Residing if not at place of death	Bivalve		
Married, Single or Widowed	Married			Name of Wife or Husband	Guy. M. Larimore		
Father's Name	Abraham Moore			Father's Birthplace	Maryland		
Mother's Maiden Name	Berona Ewell			Mother's Birthplace	"		
Name of person giving Information	Guy. M. Larimore			How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Infantile	How long	Two months
Immediate	Infantile	How long	34 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicida			



Name
in
Full

Florence D. Ridout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fruitland ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 1909 11 ^{Month} 13 ^{Day} Age 13 ^{Years} 11 ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place Orange N. J.

Occupation School girl Where Residing if not at place of death Fruitland

Married, Single or Widowed Single Name of Wife or Husband

Father's Name D. A. Ridout Father's Birthplace Balto. Md

Mother's Maiden Name Mary F. Jones Mother's Birthplace

Name of person giving Information D. A. Ridout How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Intermittent Fever How long about 2 weeks

Immediate Typhoid Fever How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. R. T. Smith Address Salisbury Md

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

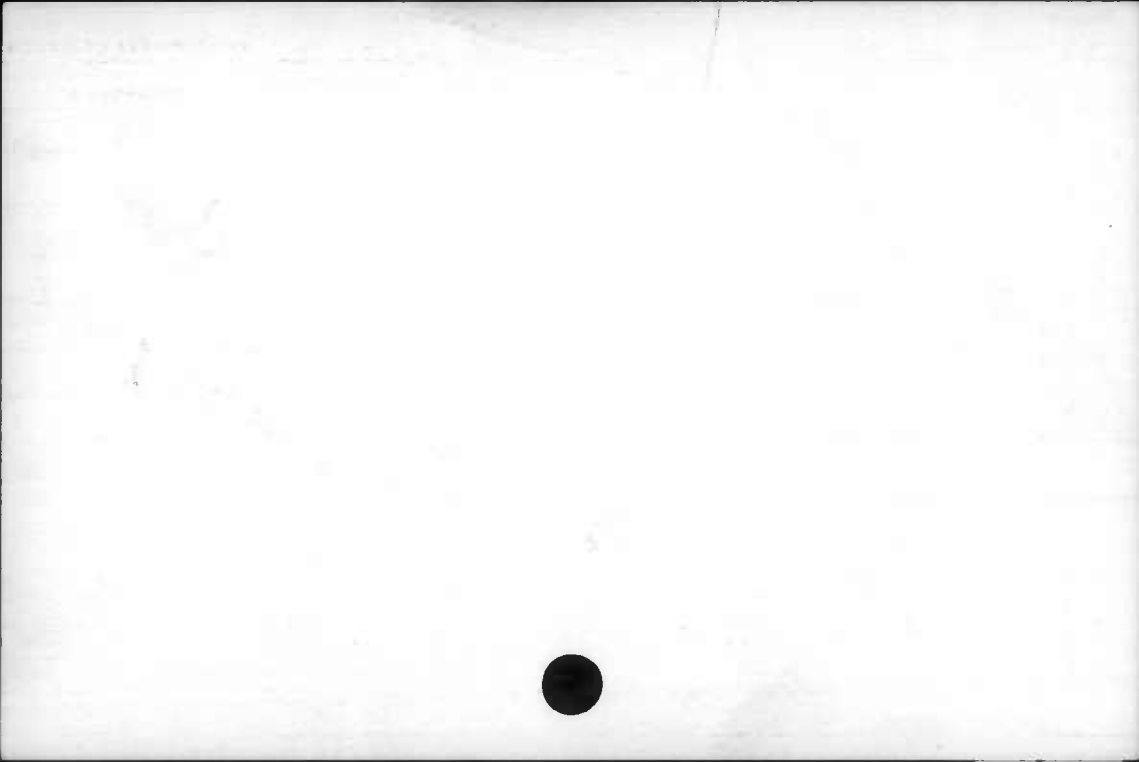
Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month} <i>Nov</i> ^{Day} <i>12</i>	Age	<i>25</i> ^{Years}	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Md</i> <i>Salisbury</i>
Occupation	<i>Housework</i>	Where Residing if not at place of death	<i>Edwin Md - ^{Lived at} <i>Wicomico</i></i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Frank R. Robertson</i>		
Father's Name	<i>John Price</i>	Father's Birthplace	<i>Md</i>		
Mother's Maiden Name	<i>Amelia Stewart</i>	Mother's Birthplace	<i>Md</i>		
Name of person giving Information	<i>Amelia Adams</i>	How related to deceased	<i>Sister</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>6 months (?)</i>
Immediate	<i>Gonorrhea</i>	How long	<i>one month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. B. Pottier</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide	<i>#</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary L. Selby* Town *near Delmar* County *Delmar*

Died at *near Delmar* *Delmar* **MARYLAND**

Date of death 190 *9* Month *Nov* Day *3* Age *40* Months *3* Days *24*

Sex *Female* Color or Race *Colored* Birth-place *md*

Occupation *Housewife* Where Residing if not at place of death *near Delmar*

Married, Single or Widowed *married* Name of Wife or Husband *John M. Selby*

Father's Name *John Jackson* Father's Birthplace *md*

Mother's Maiden Name *Mary Hardy* Mother's Birthplace *md*

Name of person giving Information *John Selby* How related to deceased *Husband*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary *Cancer of uterus* How long *3 years*

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Robert Elligood
Delmar Del

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Jane Triett* Town *new Sehnar* County *shicomico* **MARYLAND**

Died at *new Sehnar*

Date of death 190*9* Month *Oct* Day *4* Age *53* Months *11* Days *6*

Sex *Female* Color or Race *Colored* Birth-place *Seba*

Occupation *House wife* Where Residing if not at place of death *Sehnar*

Married, Single or Widowed *married* Name of Wife or Husband *Simon Triett*

Father's Name *Eben Taylor* Father's Birthplace *Seba*

Mother's Maiden Name *Sarah Russell* Mother's Birthplace *"*

Name of person giving Information *Liviana* How related to deceased *Daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

How long

Immediate

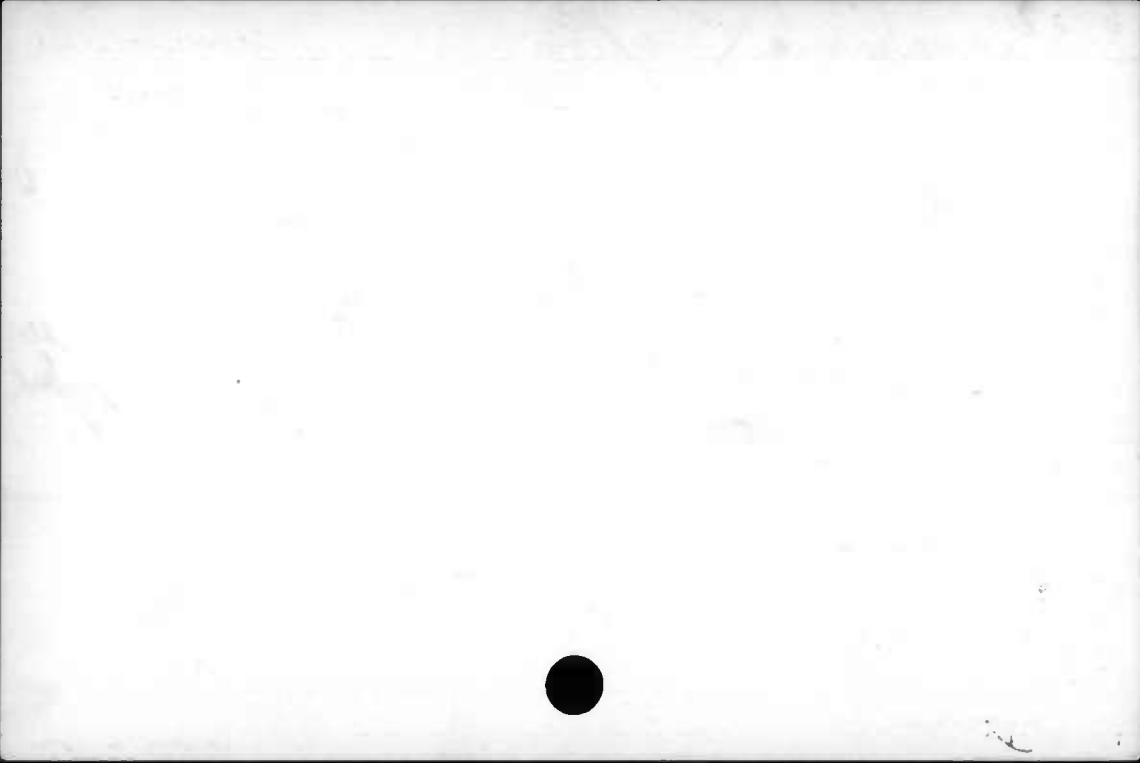
How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Salisbury* ^{town} *Wicomico* ^{County} **MARYLAND**Date of death **1909** ^{Month} *Nov.* ^{Day} *24th* ^{Years} **Age** *16* ^{Months} *0* ^{Days} *0*Sex *Female* Color or Race *White* Birth-place *Hooperaville*Occupation *School Girl* Where Residing if not at place of death *Hoopers Island*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *William Tyler* Father's Birthplace *Hoopers Island*Mother's Maiden Name *Martha Wooten* Mother's Birthplace *" "*Name of person giving Information *Albert Merrill* How related to deceased *None*

CAUSES OF DEATH

Primary *Typhoid fever* ^{How long} *9 weeks*Immediate *Meningitis* ^{How long} *1 week*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. M. Smith**obtainable* Address *Salisbury, Md*Accident or Suicide *No*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mr. Alice White

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

9 Nov. 1909

Day

19

Age

Years

60

Months

Days

15

Sex

Female

Color or
Race

A. A.

Birth-
place

Daines Run

Occupation

House wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

married

Name of Wife or
Husband

Mr. James W. White

Father's
Name

Mr. Henry Roberts

Father's
Birthplace

Daines Run

Mother's
Maiden Name

Janu Seafields

Mother's
Birthplace

" "

Name of person giving
Information

Husband

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pneumonia Pulmonalis

How long

3 months

Immediate

"

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. W. Roberts
328 E. Church St.
Salisbury, Md.

Accident or Suicidal

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

